

Stephen Arnold

From: Lenora Turner [LeTurner@CorrectCareSolutions.com]
Sent: Tuesday, February 16, 2016 10:14 AM
To: Stephen Arnold
Cc: Kim Hofmann
Subject: Resident Craig Shipp #660878
Attachments: Resident Shipp.pdf

Importance: High
Sensitivity: Confidential

Good Morning,

Resident Shipp #660878 was seen by Dr. Lomax this am regarding his foot deformity, foot infection and ongoing problems with foot ulcers related to his Diabetes. He is the one that spoke with you about that is requesting to have his specially made diabetic shoes shipped to the facility because as Dr. Lemdja put it "He could lose his foot".

Dr. Lemdja removed some skin from his foot and put him on antibiotics last week. He also had quite a bit of swelling and bleeding at that time.

Today, I was called in by Dr. Lomax, (with Resident Shipp present) and she also states that this is a "limb threatening condition" and she requests his shoes either shipped to the facility or that he be transferred to Malvern. He is still on antibiotics and the nurses are doing treatments on his feet.

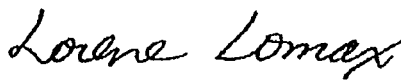
Resident Shipp states that he has written and family in an attempt to have them shipped directly from the manufacturer, however, that was on the 7th. He said that he has a pair of \$1200.00 shoes at home that he just got in November and requests his family send them to the unit from home because they have been molded and specially made for him.

I have attached a copy of the restriction that was written this am. Please advise on whether the shoes can be shipped from home.

Thanks

LeNora Turner, RN
Health Services Administrator
Correct Care Solutions
LeTurner@correctcaresolutions.com
Cell (903)691-0380
Office (870)779-2009



PART 1 - RESTRICTIONS:	RESTRICT INMATE FROM: <input type="checkbox"/> Restrict from assignment requiring strenuous physical activity in excess of hours per day. Allow 10 minute break after each hour. <input checked="" type="checkbox"/> Restrict from assignment requiring prolonged crawling, stooping, running, jumping, walking, or standing, in excess of 0 hours per day. Allow 10 minute break after each hour. <input type="checkbox"/> Restrict from assignment requiring lifting of heavy materials in excess of lbs; and/or overhead work in excess of hours per day. Allow 10 minute break after each hour.
PART 2 - LIMITATIONS:	INMATE REQUIRES: * <input type="checkbox"/> Bed Rest days. Reason: <input type="checkbox"/> No Duty days. Reason: <input type="checkbox"/> No Yard Call days. Reason: <input type="checkbox"/> No Sports days. Reason: <input type="checkbox"/> One Arm/Hand Duty days.
PART 3 - AUTHORIZATIONS:	INMATE IS AUTHORIZED TO: <input type="checkbox"/> Report to the Infirmary for Special Treatments() <input type="checkbox"/> Soak: <input type="checkbox"/> Exercise: <input type="checkbox"/> Other: <input type="checkbox"/> Bathe in the Infirmary: <input type="checkbox"/> Sitz Bath: <input type="checkbox"/> Cast: <input type="checkbox"/> Other: <input checked="" type="checkbox"/> Have in Possession: <input type="checkbox"/> Cane <input type="checkbox"/> Crutches <input type="checkbox"/> Brace: (describe briefly) <input checked="" type="checkbox"/> Prescribed Footwear: needs his own CUSTOM shoes for foot deformity <input checked="" type="checkbox"/> Orthopedic Appliance: (describe briefly) needs own CUSTOM insoles <input checked="" type="checkbox"/> Other: Elevator UP & DOWN * <input type="checkbox"/> Go to Dining/Pill Window/Shower Only
This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Starts: 02/16/2016 09:27:00 AM This Medical Restriction(s)/Limitation(s)/Special Authorization(s) Ends: 02/14/2017 09:27:00 AM	
	Name: Shipp, Craig A. DOB: 11/11/1970 ADC#: 660878
Lorene Lomax Distribution: Original - Medical Jacket	

Stephen Arnold

From: Kevin Murphy
Sent: Tuesday, February 16, 2016 10:26 AM
To: Stephen Arnold
Subject: Re: Resident Craig Shipp #660878

Sensitivity: Confidential

Ok

On Feb 16, 2016, at 10:17 AM, Stephen Arnold <Stephen.Arnold@arkansas.gov> wrote:

Good morning, sir.

Unless you have an issue with it, I think I need to allow his "special" shoes to be sent in. I can personally inspect them upon arrival and have him sign a release that we are not responsible for the shoes.

Request your consideration. Thank you, sir.

Respectfully,

Stephen Arnold
SWC

From: Lenora Turner [<mailto:LeTurner@CorrectCareSolutions.com>]
Sent: Tuesday, February 16, 2016 10:14 AM
To: Stephen Arnold
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<Resident Shipp.pdf>

Stephen Arnold

From: Lenora Turner [LeTurner@CorrectCareSolutions.com]
Sent: Tuesday, February 16, 2016 1:54 PM
To: Stephen Arnold
Subject: Re: Resident Craig Shipp #660878

Sensitivity: Confidential

Will do. Thank you.

LeNora Turner, RN
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Cell (903)691-0380
Office (870)779-2009

From: Stephen Arnold <Stephen.Arnold@arkansas.gov>
Sent: Tuesday, February 16, 2016 10:33 AM
To: Whitney Walker; Janice Jones (DCC); Tina Martin; Tina Maxwell
Cc: Lenora Turner
Subject: FW: Resident Craig Shipp #660878

Good morning.

Please have his family send in the "special" shoes and send to my attention. Please advise when they arrive. Thank you.

Stephen Arnold
SWC

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Sent: Tuesday, February 16, 2016 10:26 AM
To: Stephen Arnold
Subject: Re: Resident Craig Shipp #660878
Sensitivity: Confidential

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